

STANDARD TORT CLAIM FORM  
General Liability Claim Form #SF 210

For Official Use Only

Pursuant to Chapter 4.92 Revised Code of Washington (RCW), this form is for filing a tort claim against the City of Lakewood. Some of the information requested on this form is required by RCW 4.92.100 and may be subject to public disclosure. Pursuant to stated law, Standard Tort Claim forms cannot be submitted electronically (via e-mail or fax).

PLEASE TYPE OR PRINT IN INK

Mail or deliver original claim form

City of Lakewood  
Attn: City Clerk's Office, Third Floor  
6000 Main Street SW  
Lakewood, WA 98499

Business Hours: Mon. - Fri. 8:30 a.m. - 5:00 p.m.  
Closed on weekends and official holidays

CLAIMANT INFORMATION

1. Claimant's name: Boyles, Charles E. [REDACTED] /86  
Last name First Middle Date of birth (mm/dd/yyyy)
2. Current residential address: [REDACTED] South Tacoma, WA 98444
3. Mailing address (if different): same as above
4. Residential address at the time of the incident (if different from current address):  
\_\_\_\_\_
5. Claimant's daytime telephone number(s): 2 53-597-8979 (John O'Melveny, Attorney)
6. Claimant's e-mail address: jomelveny@harbornet.com

INCIDENT INFORMATION

7. Date of the incident: 05/07/11 Time: 2:40 ☒ a.m. ☐ p.m. (check one)  
(mm/dd/yyyy)
8. If the incident occurred over a period of time, date of first and last occurrences:  
from \_\_\_\_\_ Time: \_\_\_\_\_ ☐ a.m. ☐ p.m. (check one) to \_\_\_\_\_ Time: \_\_\_\_\_ ☐ a.m. ☐ p.m. (check one)  
(mm/dd/yyyy) (mm/dd/yyyy)
9. Location of Incident: Washington, Pierce; Tacoma Near intersection of  
State and county City, if applicable Place where occurred 132nd St. Ct. S and 10th  
Avenue South
10. If the incident occurred on a street or highway:

Name of street or highway	Milepost number	At the intersection with or nearest intersecting street
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11. City department alleged responsible for damage/injury:

Lakewood Police Department

12. Names, addresses and telephone numbers of all persons involved in or witness(es) to this incident:

Lakewood Police/Pierce County Sheriff Personnel; James Syler, Deputy Hardesty, Chad Helligso, Deputy Cook, Deputy Nicholson

13. Names, addresses and telephone numbers of all City or other government employees having knowledge about this incident:

See #12 above and attached police reports

14. Names, addresses and telephone numbers of all individuals not already identified in #12 and #13 above that have knowledge regarding the liability issues involved in this incident, or knowledge of the claimant's resulting damages. Please include a brief description as to the nature and extent of each person's knowledge. Attach additional sheets, if necessary

Persons with knowledge of the effects of these injuries will be provided upon request.

15. Describe the cause of the injury or damages. Explain the extent of property loss or medical, physical or mental injuries. Attach additional sheets, if necessary

See Attachment I

16. Has this incident been reported to law enforcement, safety or security personnel? If so, when and to whom?

See attached police reports

17. Names, addresses and telephone numbers of treating medical providers. Attach copies of all medical reports and billings.

Central Pierce Fire & Rescue - Bradley Watamura and Patrick Marquarot; Mansour Shirbacheh, M.D.; David Patterson, M.D.; Steven Kodama, M.D., See additional health providers listed in attachment

18. Please attach documents which support the claim's allegations

19. I claim damages from the City of Lakewood, in the sum of \$ 3,000,000.00

*This claim form must be signed by the Claimant, a person holding a written power of attorney from the Claimant, by the attorney in fact for the Claimant, by an attorney admitted to practice in Washington State on the Claimant's behalf, or by a court-approved guardian or guardian ad litem on behalf of the Claimant*

*I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.*

John Mahoney # 9569  
Signature of Claimant

2/27/13 15 North Broadway, Ste. A  
Date and place (residential address, city and county)

Attorney for Charles Boyer

Tacoma, WA 98403

## ATTACHMENT I

### CAUSE OF INJURY

On May 10, 2011 Charles Boyles was lawfully walking several blocks from his house on [REDACTED] in Tacoma, Washington. He walked onto a vacant field at the intersection of 132<sup>nd</sup> Street Court South and 10<sup>th</sup> Avenue South. He was attacked without any provocation by K-9 Astor, who was being handled by Lakewood Police Officer James Syler. K-9 Astor viciously grabbed Mr. Boyles' right arm and wrist area. K-9 Astor repeatedly bit and ripped into Mr. Boyles' right arm. Mr. Boyles was taken to the hospital.

The police were not searching for Mr. Boyles, and there was no allegation Mr. Boyles had broken the law or done anything wrong. The police were looking for a Hispanic male. Mr. Boyles is not Hispanic.